

CLAIMS ONLY							Application Number 10/626303		Filing Date
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
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Total Indep									
Total Depend									
Total Claims									

**Filing Date**

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
51		8				
52		1				
53		1				
54		1				
55		8				
56		1				
57		8				
58		1				
59		1				
60		8				
61		1				
62		1				
63	1					
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100						
Total Indep	2					
Total Depend	67					
Total Claims	74					